

TCPS Application Process Checklist

Please complete and submit the checklist below verifying that all required documents are enclosed with the application prior to mailing:

	Yes	No
1) Application Process Checklist	_____	_____
2) Completed Certified Peer Specialist Application	_____	_____
<ul style="list-style-type: none"> • Do not alter the application from its original format. • Write legibly in only black or blue ink. • Do not use nicknames or abbreviated forms of your legal name. 		
3) Copy of high-school diploma or General Equivalency Degree (GED)	_____	_____
4) Employment Summary completed and faxed by employer to the OCA (Applicable only to applicants who are employed by a provider agency)	_____	_____
5) Certificates of completion from one (1) of the four (4) evidence-based and/or best practice Peer Support Specialist Training Programs recognized by the TDMHDD below:		
<ul style="list-style-type: none"> • Recovery Innovations, Inc.'s Peer Employment Training taught by a META-Certified Facilitator, <u>or</u> 	_____	_____
<ul style="list-style-type: none"> • Both of the following: <ul style="list-style-type: none"> ○ Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, <u>and</u> ○ WRAP Facilitator Certification (WRAP II), taught by a certified WRAP trainer, <u>or</u> 	_____	_____
<ul style="list-style-type: none"> • Both of the following: <ul style="list-style-type: none"> ○ Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, <u>and</u> ○ The four-day (4) Illness Management and Recovery (IMR) training taught by Kathleen Donegan and Norman Council, <u>or</u> 	_____	_____
<ul style="list-style-type: none"> • All (3) three of the following: <ul style="list-style-type: none"> ○ BRIDGES Teacher Training (applicant must have taught at least one (1) complete class annually since receiving certificate of completion), <u>and</u> ○ BRIDGES Support Group Facilitator Training, <u>and</u> ○ Peer Counselor Counseling Training Program, authored by Sita Diehl, Gregory Fisher, and Betty Blaska. 	_____	_____
6) Three (3) completed Professional References	_____	_____
7) Signed Certified Peer Specialist Scoped of Activities	_____	_____
8) Signed Certified Peer Specialist Code of Ethics	_____	_____

This completed checklist verifies that my application packet has been completed prior to its submission.

Signature of Applicant

Date